

NOTICE OF INDEPENDENT REVIEW DECISION

June 3, 2003

RE: MDR Tracking #: M2-03-1018-01
IRO Certificate #:IRO4326

____ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ____ for independent review in accordance with TWCC Rule §133.308, which allows for medical dispute resolution by an IRO.

____ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a ____ physician reviewer who is board certified in orthopedic surgery which is the same specialty as the treating physician. The ____ physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to ____ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This patient sustained an injury while slipping on the wet steps while exiting his bus in the course of his workday on _____. He experienced pain in the cervical, thoracic, and lumbar areas and radiated down his legs. An MRI done on 12/15/00 revealed a bulging disc at L5-S1 without compression. The patient has a history of lumbar laminectomy at L5-S1. He underwent epidural steroid injections, physical therapy, and a pain management program, all with poor results.

Requested Service(s)

Cervical and lumbar MRIs

Decision

It is determined that the cervical and lumbar MRIs are not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

Based on the review of the medical records, there is no clear indication for repeat MRI scans of the cervical and thoracic spines. Multiple MRI scans performed subsequent to the injury of ____ have established a diagnosis of degenerative disc disease without compression of the nerve roots.

There was no documentation found to suggest that new objective findings such as progression of disease or lesions were present that might be used to justify new studies. In addition, there was nothing in the medical records that would indicate that this patient is a surgical candidate. If he were a surgical candidate, it could be justified that new studies are part of pre-operative planning. Therefore, it is determined that the cervical and lumbar MRI's are not medically necessary.

This decision by the IRO is deemed to be a TWCC decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (10) days of your receipt of this decision (20 Tex. Admin. Code 142.5 (c)).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin Code 148.3).

This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin Code 102.4(h) or 102.5(d)). A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

Sincerely,

In accordance with Commission Rule 102.4 (h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 3 rd day of June 2003.
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